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ABSTRACT

Three years of intensive activity, which characterized the development and management of the rural psychological service, are overviewed. Five adjacent rural school district superintendents proposed a project to determine the feasibility of providing psychological and social work services in a sparsely populated area. Planning Phase 1 sought to answer questions concerning: (1) the extent of the need; (2) current services and their adequacy; and (3) the level of community understanding of problem children. It was decided to provide: (1) diagnosis and treatment of children with problems; and (2) an in-service training program for teachers regarding mental health concepts in the classroom. Additional objectives emerged during Planning Phase 2. Staff procurement and constitution and budgetary allotments are included for all phases. The actual operational years, with their numerous objectives based on the findings of the planning phases are fully discussed. Implications and suggestions for the future of rural school psychology are offered. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (TL)

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DEVELOPING AND MANAGING A RURAL SCHOOL PSYCHOLOGICAL SERVICE IN A SPARSELY POPULATED AREA

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BY

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(Prepared for APGA Convention, 1970)

It is extremely difficult, if not entirely impossible, to summarize into a ten-minute talk three and one-half years of intensive activities. About the only rational procedure is to present an overview of the highlights in the development and management of an on-going psychological program for rural schools in a sparsely populated area.

This particular program had its origin in the passage of the Elementary and Secondary Education Act of 1965, and more specifically Title III of that act which provided for projects to advance creativity in education. Shortly after its passage, the superintendents of five adjacent rural school districts proposed a project to determine the feasibility of providing psychological and social work services to the school children in this area. My talk then addresses itself to the question, "Is it feasible to provide regular psychological and social work services in an area where there is only one student for every two square miles?" The term "feasible" here is used in its most literal meaning; that is, "Is it capable of being done or carried out? Is it practicable? Is it possible?" To determine this, two planning phases were proposed in which ideas and possibilities could be explored and tested. It was evident that other questions would arise that needed answers. For example: "What, if anything, had been done in similar circumstances in other areas of the country?" A thorough review of the literature was needed to answer this. (Community organization work was needed to secure school and community cooperation in

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planning, and later in possibly implementing such services.) "How extensive was the need for such services in the area? What was the current level of understanding of teachers and parents in the communities regarding social, emotional and learning problems in children? What, if any, services were already available in the area? Were the current services meeting the needs of the schools?" Surveys were needed to determine the status of each of these questions. Community organization work was needed to secure school and community cooperation in planning and later in possibly implementing such services.

These questions then provided the basis for four major objectives identified for the Planning Phase I. In order to accomplish these objectives, a project director and a full-time secretary were employed in May of 1966. Graduate students at a nearby university were employed on a part-time basis to assist in researching the literature. Consultants were employed in the fields of community organization, social work, psychology, teacher training, systems analysis, evaluation, and data processing. Meetings were held with school and community officials and the consultants to formulate some ideas regarding the services needed in the schools. In the fall of 1966, a survey was taken from elementary school teachers, counselors and principals regarding the kinds of behavioral problems in the schools that needed attention, and that were not being treated. It was found that approximately three percent of the students on the elementary level from the five school districts had some kind of problem that needed immediate attention, and that the services needed were not rendered by counselors or teachers, nor were they provided by other agencies in the project area. Another survey revealed that

mental health clinics visited on a one-day-per-month basis in two of the communities in only two of the counties in the region. These clinics were headed by a psychiatrist and included a psychologist and psychiatric social worker. They worked in conjunction with the public health nurses in the local districts. It was found that little, if any, feedback was given to school personnel from these clinics and for that reason the school personnel were somewhat unhappy about the services rendered. Many complained that psychiatrists did their "thing" in secret and never revealed their findings.

From these surveys it was determined that the current services were not meeting the needs of the schools in the project area, and that such needs were vital to the success of the school children.

From the data collected, in both the community surveys and the survey of the literature, it was concluded that two major thrusts should be proposed by the project: 1) to provide diagnosis and treatment of students having emotional, learning and social problems; 2) to conduct in-service training programs for teachers regarding mental health concepts in the classroom.

Consultants were employed to develop in-service training materials and to design a diagnosis and treatment program that would become available to all the schools in the five-district area. Professors and others on the doctorate level from universities of the state consulted in formulating an in-service training program. At this time, there were 41 schools in the region, including eight high schools, seven junior high schools, and 26 elementary schools.

Planning Phase II was designed to complete the objectives begun in Planning Phase I, and to establish some operational goals in the form of

written objectives for the proposed services, and to design innovative programs for prevention, diagnosis and treatment suitable for the rural area to be covered. This phase also provided an opportunity to try out some of these innovative programs on a pilot study basis to determine their feasibility for continuation. Three additional objectives were written at this time: One was to conduct a systems analysis study of innovative programs. Another was to plan for future automation of record-keeping and data collection. The third was to design evaluation procedures for the project in its operational phase.

During the Planning Phase II, an additional major purpose of the project emerged. In addition to discovering the feasibility of providing such services to children in a sparsely populated area, a second purpose was to design a model program available to any district or region in similar circumstances. Planning Phase I extended over approximately a four-month period, but Planning Phase II extended over a year. Consultants were paid from $75 to $100 per day, plus travel and lodging expenses.

Accomplishing Planning Phase I required approximately $15,000, and Planning Phase II required approximately $56,992. Both amounts were granted by federal funds under Title III, ESEA. In the Planning Phase II, two major ideas were tried on a pilot testing basis: One was to employ consultants from the nearby universities on a weekly basis to coordinate with the mental health activities of existing pupil personnel specialists in order to provide diagnosis and treatment in greater depth than was currently available in the schools. The second was to provide an in-service training consultant for each district.

The consultants were assigned to work with students who were referred by counselors, principals or teachers. They included school counselors, as much as possible, in the treatment process to give them a practical experience and to assist with problem cases when they were not there. It was decided that group counseling was to be conducted in all the districts; however, this was the only restriction or limitation on treatment methods to be used.

In-service training programs were held for elementary teachers during the first two years; thereafter, it was extended to secondary teachers. Each teacher training unit involved approximately twenty volunteers from one or more schools in the community. The in-service training consultants made twelve consecutive weekly, one-day visits to their assigned areas. On each visit, they spent from three to five hours in diagnosing and observing students, and engaging in individual therapy with students. Conferences were held with teachers to give immediate feedback regarding children's behaviors and test results, and to make recommendations for the remediation of problems. Teachers were engaged in teacher in-service training sessions for approximately two hours immediately after school. Upon successful completion of the course, teachers received recertification credits through the State Board of Education. In these courses, teachers learned how to identify problems early, and how and when to refer children for help. It also included mental health concepts that could be used effectively in the classroom. In this way, teachers were provided a practicum experience in which actual cases in their classrooms were used as case studies for discussion with a consultant on a weekly basis. Problems were

worked out with teachers, recommendations were made, and follow-up action taken.

During Planning Phase II, an additional need was seen in coordinating with other agencies in the communities. As a result, a referral coordinating counsel was established in Carbon County which met periodically to review individual cases and involved related service agencies, such as the county welfare, public health department, juvenile court, law enforcement, school counselors, and other school personnel.

One of the objectives of this coordinating counsel was to provide more comprehensive community services and to avoid duplication of efforts. An interesting result was that in four of the five districts, a youth coordinating counsel has been established in which members of all related service agencies and school counselors meet periodically to discuss individual cases and to provide treatment using a communitywide approach. In some cases, they involve religious leaders, scout leaders, and other persons working with children.

During Planning Phase II also, an idea was tried on a pilot testing basis to employ graduate students in social work part-time to travel to the outlying areas two days per week and some two days per month on a field placement experience.

Near the conclusion of Planning Phase II, it was determined that the two major thrusts should continue because they were successful, judging from the number and kinds of cases that were seen and the results of the training program. Thus, in preparation for the first of three operational years which began August 1, 1967, a teacher in-service training syllabus

entitled, "Understanding Child Behavior" was printed through the cooperation of consultants and full-time staff members. The RCSS then was named and became an organization to provide psychological and social work services to rural school children.

A staff of four full-time psychologists, and one full-time social worker, were employed to begin the first operational year. The consultants were retained to assist in the in-service training program. In order to avoid unnecessary travel, one of the school psychologists on the staff was stationed to live in a southern county to provide services for the schools in that area. Frequent staffings and coordinating meetings with all staff members were planned. More elaborate operational objectives were designed and proposed in a continuation application grant, and $95,000 was granted to conduct the program as proposed. The objectives provided for referral, evaluation, recommendation, and treatment for problem cases in schools; professional services on a current basis to the schools; the initiation of measures for early identification of problem cases on the elementary level; the recognition of the needs of minority groups in the project area; the development of an effective data collection system; the identification, fostering or initiation of mentally healthy environments to which students could be referred, such as boy scouts or big brother programs; the selection and use of those therapy techniques which were adaptable to rural areas; the involvement of significant lay persons in treatment; providing assistance to parents and teachers in effectively relating to children with problems in order to upgrade the mental health climate in the home and schools; the coordination of efforts of professionals in the project area; the initia-

tion of measures to provide an automated system of record-keeping, analysis and retrieval, and the improvement of the rural student's ability to adapt to a non-rural setting.

These objectives were based on additional needs found to exist in the project area during Planning Phase II. To assist in accomplishing these objectives, graduate interns from a nearby university were employed on a part-time basis to assist in diagnosing and testing. In addition, Family Relations Workshops were held in various communities throughout the project area to assist in upgrading the mental health concepts and emotional climate of the home.

In-service training programs were continued in the first and second operational years and 60% of the teachers employed at that time were engaged in this training program. A new syllabus was written to include cases and topics for study more relevant to the secondary level. A unique manner of conducting these programs evolved in which the teachers taking the course were provided substitute teachers to allow approximately thirty minutes away from the classroom with the consultant during teaching hours. Each teacher enrolled in the course was expected to consult with the instructor-consultant every other week regarding a case study of two or more children in his class. This was found to be a valuable experience for the teachers and for implementing therapeutic concepts in the classroom.

The thirteen objectives identified at the beginning of the first operational year were revised and combined into nine objectives in April, 1968. These were revised again in November of 1968 into seven major objectives. These seven were centered around the ideas of providing diag-

nosis, prescription and therapy, and training and coordinating activities, and in establishing an inter-agency referral procedure. In November, 1969, another revision of the objectives was completed for the current school year. These objectives were thoroughly screened and rewritten so that each one could be evaluated as to the degree to which it was accomplished. From this revision, one policy level objective emerged which was to establish and maintain a regional psychological and social work program for rural school children and their families. Six program level objectives and 28 curriculum level objectives were identified. Assistance in setting up an effective evaluation and systems analysis was obtained through the Utah State Department of Education, Title III specialists and the Instructional Systems Group, Inc. of California.

An additional research program was adopted for this year on a comparison of the effects of three treatment methods on the aggressive behaviors of elementary school children. A paper discussing research and this pilot study in more detail will be presented by Wayne L. Owen, M. S.

Inasmuch as the project was funded by federal seed money to get it going, the regional school districts are now faced with the problem of assuming the financial burden if the services are to continue. Most of the individual school districts involved do not have the necessary funds with which to continue the services. Therefore, the district superintendents are contemplating pooling their resources in various ways so that the services can be continued from state and local funds.

In each of the second and third operational years, the total budget was appropriated at the $75,000 level. This $20,000 reduction made it

necessary to reduce the staff and to get additional help through interns and to coordinate even more effectively with other agencies in the project area. Because the federal funds were contingent upon congressional action each year it brought about some feelings of insecurity and made it difficult to retain employees. This problem directly contributed to the loss of two full-time employees last year. One of them was a social worker. We were unable to find a social worker in the five adjoining states interested in making an application to fill the vacancy for the current year. The loss of the qualified social worker also meant the loss of the project's graduate student field placement training program in social work. We then discovered we could get along without a social worker, and although the school psychologists did not go into family background in as great a depth as the social worker did, we found that we did not have to cover the social workers' territory to do individual testing for which they had not been trained, although there are many cases that need considerable re-learning in the home and could use a social worker who is trained to work with families in the home.

Because of the reduction in staff and the increased number of referrals in this, the final year, better treatment methods were sought which would save staff time and yet provide adequate treatment for those children in need. The staff received training in behavior modification techniques as a method which could be used to provide consultive help to parents and teachers who could be used as change agents in this technique. Thus, the staff psychologist was free to reach additional children. This and other treatment methods used by the staff are discussed in a paper by Russell A. Williams, M. A.

In the first two operational years, staff members were assigned time at a specific school according to the ratio of student population at the school to the total student population in the region. However, in the third operational year, staff time was allotted to the schools on the basis of need rather than by population ratio. This eliminated the possibility of traveling to a school only to find there were no referrals.

An additional feature in the third operational year were monthly in-service training and coordination meetings with personnel from other agencies in the region. These meetings provided an opportunity for upgrading the skills of staff members and other professionals. Consultants were employed to assist in putting over new testing or therapy techniques in day-long workshops. An added undertaking in the third operational year has been a cost analysis of the project's activities. This was made possible by time report sheets coded to correspond with the six major program objectives under the following headings:

The Diagnosis, Treatment and Prescription Program

The Referral and Follow-up Program

The In-service Training Program

The Pilot Study Research Program

The Management Coordination and Dissemination Program

The Funding and Developing Program

Time spent by professional staff members in half-hour units on any of these objectives was documented. This process tended to eliminate those activities for which no objective had been written and in this manner

brought greater focus on the accomplishment of the stated objectives. This data was programmed for computer printouts through a university computer service. Additional information regarding the cost accounting procedures and the results will be available in June, 1970.

The following are offered as possible implications and suggestions for the future of rural school psychology and possibly school psychology in general. This project was operated in a rather autonomous structure. Many benefits have been derived from this organizational arrangement. The project director served directly under the board of district superintendents and was empowered to negotiate the approved budget and interview and employ staff members for the project.

The Regional Child Study Services has operated to provide services to the school districts on a regional basis and because of this it has not been considered as a direct arm of the pupil personnel services of any one district. However, personnel from the RCSS have coordinated all efforts with the pupil personnel directors when such existed and copies of all student evaluations are filed with the pupil personnel services in each district. One of the benefits of an autonomous relationship has been the avoidance of unnecessary paper work, group testing and reporting used by most school districts. Another benefit has been that of providing consultation with school principals and teachers who wished to air problems without fear of reprisal from their immediate supervisors, or superiors. It was also found that many students would confide in the itinerant psychologist because he did not live in the student's hometown. In some small towns, the school counselor knew the parents too well for the child with

problems to want to take a chance on divulging problems he wanted to keep from his parents.

It is, therefore, suggested that to insure funding stability and the benefits of relative autonomy, a regionalized, multi-district program can be adopted to provide psychological services. It is also suggested that if a federally-funded program is begun, local funding be phased into the program as soon as possible on a graduated time schedule. It has been our experience that superintendents and school boards have delayed providing local funds for such services until the very end of the federally-funded project. Such delays place an unnecessary burden on the local school budget and create undue anxiety in staff members who wish to remain employed.

From our experience, it is suggested that salaries should not be tied to rural school district salary schedules. In many cases the schedules would not be high enough to entice professional people who are normally attracted to urban areas. The salaries paid in rural areas for these professional services will likely have to be higher than the normal school salary schedule will allow. It is easier to approach a desired salary level from a multi-district approach.

It is also expected that the dedicated school psychologist in a rural area will put in additional hours beyond the regular working day in order to accomplish his work effectively and should be paid accordingly. The employment of graduate interns is highly recommended, not only as a means of increasing quantity and quality of evaluation and treatment services but also as a means of enticing professionals away from metropolitan centers for providing increased possibilities for future employ-

ment in rural areas.

A close liaison with nearby college and university personnel is definitely advantageous for many obvious reasons, not the least of which are the resources available in the form of expert consultants.

By following some, or all, of the above suggestions,and with the dedication needed to make it all succeed, we have found that it is feasible to provide psychological services to school age children in a sparsely populated area. Some of the problems and successes encountered along the way will be discussed in papers to follow.

Further details regarding this project may be obtained by contacting Dr. Jonathan M. Chamberlain, Ph. D., Project Director, Regional Child Study Services, Drawer AL, Price, Utah 84501.